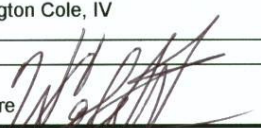


Agency:	EDUCATION		Person to Contact:	Dr. Melody Bounds	
Address:	P. O. Box 771		Address:	Suite 348 - Central High School Bldg.	
	Jackson, MS 39205-0771			Jackson, MS 39205-0771	
Phone:	(601) 359-3764		Transmittal Date:		
Name of Number of Rule (s):			Copy Attached: Yes <u>XX</u> No <u> </u>		
Terms of Substance of the Actions or Description of the Subject and Issues: Policies and Procedures for the Implementation of the Individuals with Disabilities Improvement Act of 2004 (IDEIA 2004)					
Printed Name and Title of Person Authorized to File Rules:			Washington Cole, IV		Director of Communication and Legislative Support
			Name		Title
			Signature 		
EMERGENCY RULES		PROPOSED ACTION ON RULES		FINAL ACTION ON RULES	
<u> </u> Original Filing <u> </u> Renewal of Effectiveness To Be in Effect <u> </u> Days Effective date: <u> </u> <u> </u> Immediately on <u> </u> Other (Specify) <u> </u>		Action Proposed: <u> </u> New Rule (s) <u> X </u> Amendment to Existing Rule (s) <u> </u> Repeal of Existing Rule (s) <u> </u> Adoption by Reference Proposed Date of Adoption: <u> X </u> 30 Days after filing <u> </u> Other (Specify) <u> </u>		Action Taken: <u> </u> Adopted with No Changes in Text <u> </u> Adopted with Changes <u> </u> Adopted by Reference <u> </u> Withdrawn Date Action Taken: <u> </u> Effective Date: <u> </u> <u> </u> 30 Days after Filing: <u> </u> Other (Specify) <u> </u>	

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Accepted for filing by: <u> </u>	Accepted for filing by: 	Accepted for filing by: <u> </u>